

Municipal Form No. 102 (Revised August 2016)		(To be accomplished in quadruplicate using black ink)			
Republic of the Philippines OFFICE OF THE CIVIL REGISTRAR GENERAL CERTIFICATE OF LIVE BIRTH					
Province SOUTHERN LEYTE		Registry No. 2024 - 178			
City/Municipality MAASIN CITY					
CHILD	1. NAME (First) (Middle) (Last) WYNNE CHERISH REMOLTA CRUZ				
	2. SEX (Male / Female) FEMALE	3. DATE OF BIRTH (Day) (Month) (Year) 29 JANUARY 2024			
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., St., Barangay) (City/Municipality) (Province) CM MATERNITY CLINIC MAASIN CITY SOUTHERN LEYTE				
	5a. TYPE OF BIRTH (Single, Twin, Triplet, etc.) SINGLE	5b. IF MULTIPLE BIRTH, CHILD WAS (First, Second, Third, etc.) NOT APPLICABLE	5c. BIRTH ORDER (Order of this birth to previous live births including fetal death) (First, Second, Third, etc.) FIRST	6. WEIGHT AT BIRTH 3250 grams	
MOTHER	7. MAIDEN NAME (First) (Middle) (Last) CORINNE FAITH ROMERO REMOLTA				
	8. CITIZENSHIP FILIPINO		9. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC		
	10a. Total number of children born alive 1	10b. No. of children still living including this birth 1	10c. No. of children born alive but are now dead 0	11. OCCUPATION HOUSEWIFE	12. AGE at the time of this birth (completed years) 25
	13. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. MARIA CLARA MAASIN CITY SOUTHERN LEYTE PHILIPPINES				
FATHER	14. NAME (First) (Middle) (Last) WILLIAM ALAAN CRUZ				
	15. CITIZENSHIP FILIPINO	16. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC	17. OCCUPATION SCIENCE RESEARCH ASSISTANT	18. AGE at the time of this birth (completed years) 25	
	19. RESIDENCE (House No., St., Barangay) (City/Municipality) (Province) (Country) BRGY. MARIA CLARA MAASIN CITY SOUTHERN LEYTE PHILIPPINES				
MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgement/Admission of Paternity at the back.)					
20a. DATE (Month) (Day) (Year) JULY 19, 2023		20b. PLACE (City / Municipality) (Province) (Country) BAYBAY CITY LEYTE PHILIPPINES			
21a. ATTENDANT <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Hilot (Traditional Birth Attendant) <input type="checkbox"/> 5 Others (Specify) _____					
21b. CERTIFICATION OF ATTENDANT AT BIRTH (Physician, Nurse, Midwife, Traditional Birth Attendant/Hilot, etc.) I hereby certify that I attended the birth of the child who was born alive at 04:53 PM on the date of birth specified above.					
Signature _____ Name in Print DRA. LORNA A. BANTUG - KAPILI Title or Position OB - GYNE		Address CM MATERNITY CLINIC, BRGY. TUNGA-TUNGA, MAASIN CITY, SO. LEYTE Date JANUARY 30, 2024			
22. CERTIFICATION OF INFORMANT I hereby certify that all information supplied are true and correct to my own knowledge and belief. Signature _____ Name in Print WILLIAM A. CRUZ Relationship to the Child FATHER Address BRGY. MARIA CLARA, MAASIN CITY, SO. LEYTE Date JANUARY 30, 2024		23. PREPARED BY Signature _____ Name in Print MIRIAM B. SASUMAN Title or Position OFFICE CLERK Date JANUARY 30, 2024			
24. RECEIVED BY Signature _____ Name in Print NEIL NORMAN C. CARBONILLA Title or Position Clerk II Date 01 FEB 2024		25. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print ANABELLA F. DUARTE Title or Position Registration Officer III Date 01 FEB 2024			
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only) AND IN THE ABSENCE OF THE CITY CIVIL REGISTRAR PER OFFICE ORDER NO. 2, SERIES OF 2024					
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR					
8 9 11 13 15 16 17 19					